

ASSIGNMENTSurveyor: TaufikhDOI: 26/10/2020Date / Time : 23/10/2020Registered in Merimen: 23/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 6513Y

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/10/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : _____OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No**SLB 5810TINSRS:
WSP: **EM-1**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLB 5810T : X	STAGE
	SHA 6513Y : CC4/III19020658/Kga3q2 ; DOA : 19/11/2019	DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☒ ☐
		Authorisation To Act: ☒ ☐
		Release Voucher: ☒ ☐
		Final Repair Bill: ☒ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice: ☐ ☐
<u>29/03/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA : ☒ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☒ ☐
		LOD: ☒ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/S</u>	S\$ <u>3,250.00</u> (<u>5</u> days) Reduction: <u>55.07</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>29/03/2021</u>	Confirm with: <u>KAREN</u>
		Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ <u>3,477.50</u>	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ <u>400.00</u> (\$ <u>80</u> x <u>5</u> days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ <u>29.00</u>	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>3,906.50</u>	Global Sum S\$: 3,700.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	S\$ <u>3,700.00</u>	Name 1: <u>Em-1 Auto Pte Ltd</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: